

PROFESSIONAL LICENSURE DIVISION[645]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 152B.6, the Board of Respiratory Care hereby gives Notice of Intended Action to amend Chapter 262, “Continuing Education for Respiratory Care Practitioners,” and Chapter 265, “Practice of Respiratory Care Practitioners,” Iowa Administrative Code.

The amendments in Item 1 add certifications to the list that can be used toward meeting the continuing education requirements for renewal of a respiratory therapy license.

Currently, Iowa Code section 152B.2 allows unlicensed personnel to deliver, assemble, set up, test, or demonstrate respiratory care equipment in the home upon the order of a licensed physician. Demonstration does not include the actual teaching, administration, or performance of respiratory care procedures. The amendment in Item 2 clarifies what is considered respiratory care when personnel engage in the setup, delivery, testing, or demonstration of respiratory therapy equipment.

Any interested person may make written comments on the proposed amendments no later than August 14, 2012, addressed to Tony Alden, Professional Licensure Division, Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075; e-mail tony.alden@idph.iowa.gov.

A public hearing will be held on August 14, 2012, from 9 to 9:30 a.m. in the Fifth Floor Conference Room 526, Lucas State Office Building, Des Moines, Iowa, at which time persons may present their views either orally or in writing. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed amendments.

After analysis and review of this rule making, a positive impact on jobs could exist.

These amendments are intended to implement Iowa Code sections 147.10, 272C.2, and 152B.6.

The following amendments are proposed.

ITEM 1. Amend subparagraph **262.3(2)“e”(2)** as follows:

(2) The following are approved for continuing education credit on a one-time basis per biennium and require a certificate of attendance or verification:

CERTIFICATIONS :

Advanced Cardiac Life Support	up to 12 hours
Basic Cardiac Life Support—Instructor	up to 8 hours
Basic Cardiac Life Support	up to 6 hours
Neonatal Resuscitation	up to 9 hours
Pediatric Advanced Life Support	up to 14 hours
Mandatory Reporting	up to 4 hours
<u>Certified Pulmonary Function Technologist</u>	<u>up to 8 hours</u>
<u>Registered Pulmonary Function Technologist</u>	<u>up to 12 hours</u>
<u>Neonatal Pediatric Specialist</u>	<u>up to 12 hours</u>
<u>Sleep Disorders Specialist</u>	<u>up to 12 hours</u>
<u>Adult Critical Care Specialist</u>	<u>up to 12 hours</u>

RECERTIFICATIONS :

Advanced Cardiac Life Support	up to 4 hours
Basic Cardiac Life Support	up to 2 hours
Neonatal Resuscitation	up to 3 hours
Pediatric Advanced Life Support	up to 3 hours
<u>Registered Respiratory Therapist</u>	<u>up to 24 hours</u>
<u>Certified Pulmonary Function Technologist</u>	<u>up to 8 hours</u>
<u>Registered Pulmonary Function Technologist</u>	<u>up to 12 hours</u>
<u>Neonatal Pediatric Specialist</u>	<u>up to 12 hours</u>
<u>Sleep Disorders Specialist</u>	<u>up to 12 hours</u>
<u>Adult Critical Care Specialist</u>	<u>up to 12 hours</u>
<u>Certified Respiratory Therapist</u>	<u>up to 24 hours</u>

ITEM 2. Adopt the following **new** rule 645—265.4(152B,272C):

645—265.4(152B,272C) Setup and delivery of respiratory care equipment.

265.4(1) Unlicensed personnel may deliver, set up, and test the operation of respiratory care equipment for a patient but may not perform any type of patient care. Instruction or demonstration of the equipment shall be limited to its mechanical operation (on and off switches, emergency button, cleaning, maintenance). Any instruction or demonstration to the patient regarding the clinical use of the equipment, the fitting of any device to the patient or making any adjustment, or any patient monitoring, patient assessment, or other procedures designed to evaluate the effectiveness of the treatment must be performed by a licensed respiratory therapist or other licensed health care provider allowed by Iowa law.

265.4(2) Respiratory care equipment includes but is not limited to:

- a. Positive airway pressure (continuous positive airway pressure and bi-level positive airway pressure) devices and supplies;
- b. Airway clearance devices;
- c. Invasive and noninvasive mechanical ventilation devices and supplies;
- d. Nasotracheal and tracheal suctioning devices and supplies;
- e. Apnea monitors and alarms and supplies;
- f. Tracheostomy care devices and supplies;
- g. Respiratory diagnostic testing devices and supplies, including but not limited to pulse oximetry, CO₂ monitoring, and spirometry devices and supplies; and
- h. Pulse-dose or demand-type oxygen conserving devices or any oxygen delivery systems beyond the capabilities of a simple mask or cannula or requiring particulate or molecular therapy in conjunction with oxygen.